



Ogden 12th St. Reconstruction Project

Pre-Construction Survey

January 2008

Please complete the form and return to a project team member at the conclusion of the meeting or return to
Tyler Yorgason, Civil Science, Inc. 917 East Country Hills Dr. Suite #3 Ogden, UT 84403
Fax (801) 393-2823 / e mail: tyorgason@civilsience.com

1. **Name:** _____ **Business / Property:** _____
Address: _____
Phone: _____ **Fax:** _____ **E Mail:** _____

2. **Your Use of 12th St.:** Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Resident that lives near 12 th St. | <input type="checkbox"/> Resident that lives directly on 12 th St. |
| <input type="checkbox"/> Commuter that uses 12 th St. to get to work | <input type="checkbox"/> Consumer/patron of business in the 12 th St. area |
| <input type="checkbox"/> Business owner/manager NEAR 12 th St. | <input type="checkbox"/> Employee of a business in the 12 th St. area |
| <input type="checkbox"/> Business owner / manager DIRECTLY on 12 th St. | |

3. **Current 12th St. Function:** Please rate the CURRENT function of 12th St.

- | | Very poor | | | Very well | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| • Capacity/ability to handle the amount of vehicles that use it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| • Travel time | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| • Efficiency of traffic signals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| • Convenient access to business and properties | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| • Bringing customers to your business | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| • Safety | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |
| • Traffic flow | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |

4. **Project Information During Construction:** How would you like to receive project information?

Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> E mail | <input type="checkbox"/> Telephone hotline |
| <input type="checkbox"/> Fliers mailed/delivered to your home/business | <input type="checkbox"/> Local meetings / public events |
| <input type="checkbox"/> Internet / web page | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Project advisory committee | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electronic roadway signs | |

5. **Construction Schedule Approach Options:** Please rank your preference to the following construction approach options; 1 most preferred, 2 next preferred, etc.

- | | |
|--|---|
| <input type="checkbox"/> Mon – Fri (day time only) | <input type="checkbox"/> 7 days / week (daytime only) |
| <input type="checkbox"/> 7 days / week (night time only) | <input type="checkbox"/> 7 days / week (24 hour) |
| <input type="checkbox"/> Mon – Fri (24 hour) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mon – Fri (night time only) | |

6. **Construction Layout / Phasing Options:** Please rank your preference to the following construction layout / traffic control options; 1 most preferred, 2 next preferred

☐ **North / South Option:** split up project north / south – work on either north or south side to completion, then complete opposite side, moving traffic to non-construction side

☐ **East / West Option:** split up project east / west – work on west or east end first, section by section, moving traffic through construction zone

7. **Temporary Traffic Configuration Options:** Please rank your preference regarding lane configuration during construction; 1 most preferred, 2 next preferred (Other configurations are possible; an evaluation of traffic volumes will be used to confirm the number of through lanes required along the corridor)

___ Two through lanes in each direction with no two-way left turn lane.

___ One through lane in each direction with a two-way left turn lane to accommodate left turns into businesses.

8. **Concerns During Construction:** What are your most important concerns? Please rank from greatest (1) to smallest (5) concern.

___ Construction Schedule

___ Construction Layout/Phasing

___ Construction Traffic Configuration

___ Access During Construction

___ Other _____

9. **Project Advisory Committee:**

Are you interested in serving on a project advisory committee during construction?

___ Yes ___ No

10. **Questions / More Information:**

Please list any additional comments or questions you have regarding the 12th St. Reconstruction Project

Would you like to be contacted directly to discuss these comments or questions? ___ Yes ___ No

If so, please provide your contact information

Name: _____

Telephone: _____

Address: _____

E mail: _____

For more information, please contact one of the project team members listed below

- **Tyler Yorgason**, Project Engineer; Civil Science, Inc. – (801) 393-2790 #123
- **Mike Pepper**, Project Public Inv. Coordinator; KMP Planning – (208) 734-6208
- **Andy Neff**, UDOT Region 1 Public Inv. Coordinator – (801) 620-1641